

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the

MIDLAND District of

WESTERN TEXAS Division

Mr. Vincent A. Achinike

Case No.

7:20-CV-267-DC

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

TechnipFMC

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Vincent A. Achinike
Street Address	6703 Spur Drive
City and County	Midland, Midland County
State and Zip Code	Texas, 79705
Telephone Number	903 - 505- 0366
E-mail Address	achivinc@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	TechnipFMC USA, INC
Job or Title <i>(if known)</i>	Oil Field Services Company
Street Address	11740 Katy Freeway
City and County	Houston, Harris County
State and Zip Code	Texas, 77430
Telephone Number	(281) 870-1111
E-mail Address <i>(if known)</i>	mverkim@technip.com

**Defendant No. 2**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**Defendant No. 3**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**Defendant No. 4**

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

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**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	TechnipFMC USA, INC
Street Address	8950 E. Interstate 20
City and County	Odessa, Ector County
State and Zip Code	Texas, 79766
Telephone Number	(432) 381-9706

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (specify the federal law):



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☒ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
April 14th 2018, September 15th 2018, October 1st 2018, and November 18th 2018

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race \_\_\_\_\_
- ☒ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☒ national origin \_\_\_\_\_
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☐ disability or perceived disability *(specify disability)* \_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

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Please see Additional Court Documents.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

12/10/ 2018

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 09/27/2020 .

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

## **ADDITIONAL COURT DOCUMENT**

### **E. The facts of my case are as follows. Attach additional pages if needed.**

Dear Judges,

For clarity, I Mr. Vincent A. Achinike was a former Field Service Quality Coordinator with Halliburton Production Solution, Field Supervisor with Nabors Completion and Production Services Company and Field Supervisor with Key Energy Services with over 25 years of extensive knowledge in oil and gas field operation.

Personal Harm: On or about April 14th, 2018, I was suspended for two weeks while my mentor at that time, Mr. Kenrick Spencer (white male) was only suspended for a week. On or about September 15th, 2018, I was sent to a job site for 9 days with no place to sleep and incomplete tools to work with. I was set up for failure. I was not fully compensated for my time by Mr. Gray Dumas (Manager). October 1st, 2018, I was called in by my manager Gray Dumas. He told me "Do you realize that you have two weeks outstanding PTO (paid time off), take it and go look for a job. Your kind is no longer here. Look around, how many blacks do you see?" November 18th, 2018, Gray Dumas sent Mr. Chance Saucedo for retaliation, i was removed from a jobsite by Mr. Chance Saucedo. November 26th, 2018, I was issued a letter of recognition for individual value and excellence. However, the letter was back dated to September 10, 2018 to silent me. December 5th, 2018, I was terminated from my position. RESPONDENT'S REASON FOR ADVERSE ACTION No reason was given to me for the above actions I believe I have been discriminated against because of my race (black), my National Origin (Nigeria) and my color. All in violation of Title VII of the Civil Rights Acts of 1964, as amended.

**V. Relief State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages**

Field Service Order # 417569, 417568, 417567 and 417566, these reflect nine days of continuous and sleepless 24 hours operation; a four pad well not paid. 339 billable hours not paid.

Straight hours:  $80 \times 22.25 = \$ 1,780$

(Overtime is time and half) Overtime hours  $259 \times 33.375 = \$ 8,644.125$

$\$ 1,780 + \$ 8,644.125 = \$ 10,424.125$

Per diem of \$ 35.00 per day:  $9 \text{ days} \times 35 = \$315.00$

Individual performance bonus target for 2018 is at 3.0 % to 200 % of my eligible 2018 earning (\$ 25,000).

Compensatory damages: due to pain and suffering and mental anguish: \$ 200,000

I was terminated on December 5th, 2018. I was unemployed for 8 months: = \$ 89,000

Total Compensatory Damage: = \$ 324,739.125

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Please See Additional Court Document.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/19/2020

Signature of Plaintiff

Printed Name of Plaintiff

Vincent A. Achinike

### B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address